



C·CAP

Careers through
Culinary Arts Program

2011-2012 C-CAP Teacher Information Form

Please fill out the following two pages and return it to your local C-CAP Coordinator. Your responses will help C-CAP tailor our programs and services for teachers and students to better fit your needs in the 2011-2012 school year.

TEACHER/SCHOOL DATA

Print Teacher Name _____

Home Address _____

Email Address _____

School Phone _____ Cell Phone _____

High School Name _____

Principal _____ Asst Principal _____

INDUSTRY WORK EXPERIENCE

1. Years Teaching Culinary _____

2. Do you have a degree in culinary arts, hospitality or a related field?

Yes _____ No

School Name

Major

Degree

3. Do you have professional work experience in the culinary/hospitality industry?

Yes, years of experience _____ No

Please indicate your professional culinary/hospitality industry work experience by filling in the table below. Do not include teaching experience.

Place of Employment	Position/Specific Nature of Work	Approximate Dates
1.		
2.		
3.		
4.		

CLASSROOM INFORMATION

1. Are you a CTE-approved program? Yes No
2. Are you a CTE-certified teacher? Yes No
3. Program Focus (Check all that apply) Culinary Baking Hospitality
4. Do you participate in Family, Career & Community Leadership of America (FCCLA)?
 Yes No

Name of Class <small>List each section separately</small>	Grade Level(s)	Class Length	# of Students	Student Demographics (please indicate #)									
				Female	Male	American Indian/ Alaska Native	Asian	Black / African- American	Hispanic/Latino	Native Hawaiian/ Pacific Islander	White	Other	

Biggest teaching challenge _____

Assistance I need from C-CAP _____
